

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 565 301

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5		①		1		
6		①		1		
7		1		1		
8	1		1			
9	1		1			
10	1		1			
11		①		1		
12	1		1			
13		1		1		
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15		1		1		
16		1		1		
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19	1		1			
20	1		1			
21	1		1			
22		10		1		
23	1		1			
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50						
TOTAL IND.	12	↓	12	↓		↓
TOTAL DEP.	40	←	21	←		←
TOTAL CLAIMS	52		33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						